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**State:** District of Columbia **First Filing Company:** ACE American Insurance Company, ...  
**TOI/Sub-TOI:** 35.0 Interline Filings/35.0002 Commercial Interline Filings  
**Product Name:** 15-ZA-2012691  
**Project Name/Number:** Direct Action Expenses Endorsement Revision/15-ZA-2012691

## Filing at a Glance

Companies: ACE American Insurance Company  
Indemnity Insurance Company of North America

Product Name: 15-ZA-2012691

State: District of Columbia

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

Date Submitted: 09/01/2015

SERFF Tr Num: ACEH-130226462

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: 15-ZA-2012691

Effective Date: On Approval

Requested (New):

Effective Date: On Approval

Requested (Renewal):

Author(s): Ginny Boyles, Bob Wolfrom, Jonathan Little

Reviewer(s): Angela King (primary)

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

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## General Information

Project Name: Direct Action Expenses Endorsement Revision Status of Filing in Domicile: Not Filed  
Project Number: 15-ZA-2012691 Domicile Status Comments: In Pennsylvania these forms fall within the state's deregulation guidelines and therefore are not subject to filing or approval of the Pennsylvania State Insurance Commissioner.

Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 09/02/2015  
State Status Changed: Deemer Date:  
Created By: Jonathan Little Submitted By: Jonathan Little  
Corresponding Filing Tracking Number:

### Filing Description:

We are filing a revised Direct Action Expenses endorsement for use on policies written in ACE American Insurance Company and Indemnity Insurance Company of North America.

We have revised the endorsement because we re-considered our coverage position and decided to now include direct action expenses within the policy's Supplementary Payments. Since the date the original version of the form was approved we have not required any insureds to reimburse us for any such expenses so there is no impact due to this change.

This revised mandatory endorsement will be used for large risks to clarify that in states with direct action statutes, expenses related to the direct action will be included in the Supplementary Payments provision of the policy. A direct-action statute is a statute that grants an injured party direct standing to sue an insurer instead of the insured tortfeasor. Under certain direct-action statutes, for example, an injured party may bring a direct action against an insurer under a policy of insurance covering liability to others for negligence. These statutes exist in several states.

### Forms

ALL-44289a(08/15)Direct Action Expenses

## Company and Contact

### Filing Contact Information

Jonathan Little, Associate Product Manager jonathan.little@acegroup.com  
436 Walnut Street 215-640-4785 [Phone]  
WB04G 215-640-4986 [FAX]  
Philadelphia, PA 19106

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### Filing Company Information

ACE American Insurance  
Company  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-1811 ext. [Phone]

CoCode: 22667  
Group Code: 626  
Group Name: ACE Group  
FEIN Number: 95-2371728

State of Domicile:  
Pennsylvania  
Company Type: Stock  
State ID Number:

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Indemnity Insurance Company of  
North America  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-1811 ext. [Phone]

CoCode: 43575  
Group Code: 626  
Group Name: ACE Group  
FEIN Number: 06-1016108

State of Domicile:  
Pennsylvania  
Company Type: stock  
State ID Number:

### Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	ACE American Insurance Company, ...
<b>TOI/Sub-TOI:</b>	35.0 Interline Filings/35.0002 Commercial Interline Filings		
<b>Product Name:</b>	15-ZA-2012691		
<b>Project Name/Number:</b>	Direct Action Expenses Endorsement Revision/15-ZA-2012691		

## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Direct Action Expenses	ALL-44289a	(08/15)	END	Replaced	Previous Filing Number:	ACEH-129901340	0.000	ALL44289a Direct Action Expense Endt-Rev.pdf
							Replaced Form Number:	ALL-44289 (01/15)		

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

## DIRECT ACTION EXPENSES

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### **THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**This endorsement modifies insurance provided under the following:**

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM  
LIQUOR LIABILITY COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
AUTO DEALERS COVERAGE FORM**

The following is added to the SUPPLEMENTARY PAYMENTS provision of the policy and any endorsement attached to the policy which modifies or amends the SUPPLEMENTARY PAYMENTS provision of the policy:

In addition, we will pay for all "Direct Action Expenses".

As used in this endorsement, "Direct Action Expenses" means all defense, investigation, settlement, legal costs and expenses, and prejudgment interest, that we incur and that arise out of or relate to any "suit", seeking payment of damages under this policy, which "suit" is brought or made directly against us pursuant to any law that grants a third party the right to bring a direct action against us by virtue of the issuance of this policy. "Direct Action Expenses" also include expenses related to any appeal from a judgment.

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Authorized Representative

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	ACE American Insurance Company, ...
<b>TOI/Sub-TOI:</b>	35.0 Interline Filings/35.0002 Commercial Interline Filings		
<b>Product Name:</b>	15-ZA-2012691		
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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Terrorism Risk Insurance Program Reauthorization Act of 2015
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Form ALL-44289a with Tracked Changes
<b>Comments:</b>	
<b>Attachment(s):</b>	ALL44289a Direct Action Exp Endt-Redlined.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

## DIRECT ACTION EXPENSES

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company) _____			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

~~EXCESS COMMERCIAL GENERAL LIABILITY POLICY~~

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM

LIQUOR LIABILITY COVERAGE FORM

BUSINESS AUTO COVERAGE FORM

~~EXCESS BUSINESS AUTO COVERAGE FORM~~

~~GARAGE COVERAGE FORM~~

MOTOR CARRIER COVERAGE FORM

AUTO DEALERS COVERAGE FORM

~~You must reimburse us for all "Direct Action Expenses". Notwithstanding any other~~

~~The following is added to the SUPPLEMENTARY PAYMENTS provision of this the policy or and any endorsement to the contrary, your obligation attached to reimburse us the policy which modifies or amends the SUPPLEMENTARY PAYMENTS provision of the policy:~~

~~In addition, we will pay for all "Direct Action Expenses" is unlimited."~~

As used in this endorsement, "Direct Action Expenses" means all defense, investigation, settlement, legal costs and expenses, and prejudgment interest, that we incur and that arise out of or relate to any "suit", seeking payment of damages under this policy, which "suit" is brought or made directly against us pursuant to any law that grants a third party the right to bring a direct action against us by virtue of the issuance of this policy. "Direct Action Expenses" also include expenses related to any appeal from a judgment.

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Authorized Representative